

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-013524

FILED APR 6 1962

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1036

FILED APR 6 1962

VS 300 Rev. 4/59
1 4002
2 4035
3 2
4 0
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7 0
8 1
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12 45-0
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DATE AMENDED
INSTEAD OF
ITEM NO. SHOULD READ

DOCUMENT
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>CLAYTON</u>		Length of stay in lb <u>2 DAYS</u>	c. CITY OR TOWN <u>PAGEDALE</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>St. Louis County Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1557 SALERNO DR.</u>
3. NAME OF DECEASED (Type or print) First <u>FRANK</u> Middle <u>E.</u> Last <u>HUSSMAN</u>		4. DATE OF DEATH Month <u>March</u> Day <u>30</u> Year <u>1962</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>9/4/1892</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GLAZIER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PLANING MILL</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>
13a. FATHER'S NAME <u>GEORGE A. HUSSMAN</u>		13b. MOTHER'S MAIDEN NAME <u>ELLA MURRAY</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie Layton</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W W #1</u>		17. INFORMANT <u>MRS. MARY LAWLESS 1557 SALERNO DR.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary edema</u> DUE TO (b) <u>Hypertensive cardiovascular disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Bronchopneumonia, Co pulmonale</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>March 28, 1962</u> to <u>March 30, 1962</u> and last saw him alive on <u>March 30, 1962</u> Death occurred at <u>8:50 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Albert H. Howe MD</u> (Degree or title)		22b. ADDRESS <u>601 S. Brentwood Pl.</u>	22c. DATE SIGNED <u>3/30/62</u>
23a. BURIAL, CREMATION, REMOVAL, (Specify) <u>BURIAL</u>	23b. DATE <u>4/3/67</u>	23c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>JEFFERSON BARRACKS, MISSOURI</u>
24. FUNERAL DIRECTOR <u>BEIDERWIEDEN F.H. Inc. 1936 St. Louis Ave</u>		25. DATE RECD. BY LOCAL REG. <u>3-30-62</u>	26. REGISTRAR'S SIGNATURE <u>John G. Murphy M.D.</u>

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Doyle*

Licensed Embalmer No. 4520

P. O. Address *St Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.